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CONFIRMATION NO. 1842

SERIAL NUMBER 10/535,148	FILING OR 371(c) DATE 05/16/2005 RULE	CLASS 277	GROUP ART UNIT 3676	ATTORNEY DOCKET NO. 0518-1150
APPLICANTS Claude Mialhe, Draguignan, FRANCE;				
** CONTINUING DATA ***** This application is a 371 of PCT/FR03/50093 10/15/2003				
** FOREIGN APPLICATIONS ***** FRANCE 02/14290 11/15/2002				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY FRANCE	SHEETS DRAWING 4	TOTAL CLAIMS 18
			INDEPENDENT CLAIMS 1	
ADDRESS 466				
TITLE Occlusive device for medical or surgical use				
FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	